Journal Watch

Subcutaneous Methylnaltrexone for the Treatment of Opioid-Induced Constipation in Patients with Advanced Illness:

Presented by: Shakibeh Edani and Nirmala Brar Family Medicine Residents, August 07, 2008 on the Tertiary Palliative Care Unit, Grey Nuns Hospital during rounds.

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Summary:
Use of Methylnaltrexone subcutaneously, a peripherally acting opioid antagonist , in the treatment of opioid –induced constipation in patients with advanced illness. Patients with advanced illness who were treated with opioids and who had constipation inspite of laxative therapy were eligible. The study included a double-blind phase for 1 week and an open label phase for a maximum of 3 weeks. The primary response was laxation within four hours after the first dose. There was no dose-response relationship above 5 mg per day. Adverse events were gastrointestinal system related, mild and did not lead to discontinuation of the medication.

Strengths:

a) It is a randomized, double blind study.
b) Safety was evaluated through the double –blind and open-label dosing periods based on the incidence, severity, and type of adverse events, as well as changes in laboratory results, physical examination findings, and vital signs relative to baseline.
c) Lack of a placebo group was considered to be impractical and would pose an ethical dilemma in this study population with advanced illness and significant co-morbidity.

Weakness:

a) Small sample size - only 39 patients were evaluated of which the number completing the open-label phase were only 14.
b) The use of face valid measures of subjective effects.
c) Period of evaluation was limited to just 3 weeks.

Relevance to Palliative Care:

Constipation is among the most common and persistent of the opioid related side effects. The prevalence rates of constipation range between 20% and 80%. In patients with advanced illness and opioid induced constipation subcutaneous Methylnaltrexone can produce relief of constipation and the doses associated with this action do not cause opioid withdrawal or a flare of pain. The adverse effects are very mild and do not cause discontinuation of the drug.